Montana Medicaid - Fee Schedule Ambulance

Definitions:

Modifier — When a modifier is present, this indicates system may have different reimbursement or code edits for that procedure code/mode

For example:

26 = professional component TC = technical component

Description – Procedure code description. You must refer to the appropriate official CPT-4 or HCPCS coding manual for complete defini assure correct coding.

Effective – This is the first date of service for which the listed fee is applicable.

Method – Source of fee determination

Fee Sched: Medicaid fee for listed code

Medicare: Medicare-prevailing fee for listed code. Laboratory services are paid at 60 or 62% of listed fee.

By Report (BR): Equals a percentage of billed charges; percentage depends on provider type and service/supply

PA – Prior Authorization

Y: Prior authorization is required

Space: Prior authorization is not required

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| Proc | Modifier | Description | Effective | Method | Fee | PA |
|-------|----------|-----------------------------|-----------|-----------|------------|----|
| A0021 | Ol | JTSIDE STATE AMBULANCE SERV | | | NEGOTIATEI | Υ |
| A0380 | | ASIC LIFE SUPPORT MILEAGE | | FEE SCHED | \$2.64 | |
| A0382 | BA | ASIC SUPPORT ROUTINE SUPPLS | | BY REPORT | \$0.00 | |
| A0384 | | S DEFIBRILLATION SUPPLIES | | BY REPORT | \$0.00 | |
| A0390 | AΓ | DVANCED LIFE SUPPORT MILEAG | 7/1/2000 | FEE SCHED | \$2.64 | |
| A0392 | | S DEFIBRILLATION SUPPLIES | | BY REPORT | \$0.00 | |
| A0394 | | S IV DRUG THERAPY SUPPLIES | | BY REPORT | \$0.00 | |
| A0396 | | S ESOPHAGEAL INTUB SUPPLS | | FEE SCHED | \$11.67 | |
| A0398 | AL | S ROUTINE DISPOSBLE SUPPLS | 7/1/2001 | BY REPORT | \$0.00 | |
| A0422 | | MBULANCE 02 LIFE SUSTAINING | | FEE SCHED | \$12.02 | Υ |
| A0425 | GF | ROUND MILEAGE | 1/1/2001 | FEE SCHED | \$2.64 | Υ |
| A0426 | | .S 1 | | FEE SCHED | \$148.15 | Υ |
| A0427 | AL | S1-EMERGENCY | 7/1/2001 | FEE SCHED | \$234.57 | Υ |
| A0428 | BL | | | FEE SCHED | \$123.46 | Υ |
| A0429 | BL | S-EMERGENCY | 7/1/2001 | FEE SCHED | \$197.54 | Υ |
| A0430 | | XED WING AIR TRANSPORT | | FEE SCHED | \$909.54 | Υ |
| A0431 | RO | OTARY WING AIR TRANSPORT | 7/1/2001 | FEE SCHED | \$909.54 | Υ |
| A0433 | AL | .S 2 | 7/1/2001 | FEE SCHED | \$339.52 | Υ |
| A0434 | SF | PECIALTY CARE TRANSPORT | 7/1/2001 | FEE SCHED | \$401.25 | Υ |
| A0435 | FD | XED WING AIR MILEAGE | | FEE SCHED | \$3.00 | Υ |
| A0436 | RC | DTARY WING AIR MILEAGE | 7/1/2001 | FEE SCHED | \$8.00 | Υ |
| J0170 | ΑE | DRENALIN EPINEPHRIN INJECT | 1/1/1991 | FEE SCHED | \$1.11 | |
| J0460 | AT | TROPINE SULFATE INJECTION | 1/1/1991 | FEE SCHED | \$0.40 | |
| J1610 | _ | LUCAGON HYDROCHLORIDE/1 MG | | FEE SCHED | \$25.58 | |
| J1940 | FL | JROSEMIDE INJECTION | | FEE SCHED | \$1.49 | |
| J2000 | LI | DOCAINE INJECTION | 8/1/1996 | FEE SCHED | \$4.75 | |
| J2270 | | ORPHINE SULFATE INJECTION | | FEE SCHED | \$3.82 | |
| J2275 | M | ORPHINE SULFATE INJECTION | 6/1/1994 | FEE SCHED | \$7.02 | |
| J2310 | | J NALOXONE HYDROCHLORIDE | | BY REPORT | \$0.00 | |
| J2930 | ME | ETHYLPREDNISOLONE INJECTION | 1/1/1991 | FEE SCHED | \$4.25 | |
| J3360 | | AZEPAM INJECTION | | FEE SCHED | \$1.46 | |
| J3490 | DF | RUGS UNCLASSIFIED INJECTION | 3/1/1988 | BY REPORT | \$0.00 | |
| J7030 | | DRMAL SALINE SOLUTION INFUS | | FEE SCHED | \$7.20 | |
| J7040 | NC | DRMAL SALINE SOLUTION INFUS | 1/1/1991 | FEE SCHED | \$3.60 | |
| J7042 | | 6 DEXTROSE/NORMAL SALINE | | FEE SCHED | \$3.60 | |
| J7060 | | 6 DEXTROSE/WATER | | FEE SCHED | \$3.95 | |
| J7120 | | NGERS LACTATE INFUSION | | FEE SCHED | \$4.00 | |
| 93041 | RH | HYTHM ECG TRACING | 7/1/2001 | FEE SCHED | \$4.75 | |